

AMENDED FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>9989</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>George J. FRANCISCO, JR</u> P.O. Box, Bldg., Room No., if any Street <u>15 HUNTERS LANE</u> City <u>SOUTHAMPTON</u> State <u>N.J. 08088</u> ZIP Code + 4 5. Position in labor organization. | 4. Name, file number, and address of labor organization. Name <u>NAT'L. CON F.O.F. FIREMEN + OILERS</u> Labor Organization File Number <u>000-083</u> P.O. Box, Building and Room Number, if any <u>10TH FL</u> Street <u>1023 15TH ST. NW</u> City <u>WASHINGTON</u> State <u>DC 20005</u> ZIP Code + 4 |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>George J. Francisco Jr</u> | On <u>8/24/5</u> Date | <u>202-213-0142</u> Telephone Number |

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| Name of Person Filing <u>George J FRANCISCO, JR</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NAT'L CONF OF FIREMEN & OILERS PENSION FUND</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>27 ROLAND AVE</u></p> <p>City <u>Mt LAUREL</u></p> <p>State <u>NJ 08058</u> ZIP Code + 4 <u>1057</u></p> | <p>11.a. Nature of such dealing.</p> <p><u>CHAIRMAN, TRUSTEE OF FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><u>HOTEL ROOM EXPENSE FOR TRUSTEE MEETINGS HELD 3/11, 12/04</u></p> <p>12.b. Amount. <u>\$801.22</u></p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>GRANZOW CONSULTING GROUP</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE 300</u></p> <p>Street <u>4525 SHARON RD</u></p> <p>City <u>CHARLOTTE</u></p> <p>State <u>NC 28211</u> ZIP Code + 4 <input type="text"/></p> | <p>14.a. Nature of payment.</p> <p><u>GROUP DINNER MEETING 12/6/4</u></p> <p>14.b. Amount of payment. <u>50.00</u></p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p> | |

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|---|----------------|
| Name of Person Filing <u>George J Francisco, JR</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NATL CONF. OF FIREMEN & OILERS, Welfare Fund</u></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <u>27 ROLAND AVE</u></p> <p>City <u>Mt. LAUREL</u></p> <p>State <u>NJ 08058</u> ZIP Code + 4 <u>1057</u></p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>CHAIRMAN, TRUSTEE OF FUND</u> </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 80%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>HOTEL ROOM EXPENSE FOR TRUSTEE MEETINGS HELD 3/13, 14/04</u> </div> <p>12.b. Amount. <input style="width: 80%;" type="text"/></p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>ACADEMY OF RAIL LABOR ATTORNEYS</u></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <u>510</u></p> <p>Street <u>1925 K ST</u></p> <p>City <u>WASHINGTON</u></p> <p>State <u>DC 20006</u> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Group Dinner Meeting 1/12/4</u> </div> <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <u>APPROXIMATE \$ 50.00</u> </div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> <u>?</u></p> | |

Name of Person Filing

George J. FRANCISCO, JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☒

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

GOOD FAITH ESTIMATES OF THE AMOUNT OF BENEFITS PAID TO MEMBERS OF THE FIREMEN + OILERS AFFILIATES, PARTICIPATES + BENEFICIARIES

11.b. Approximate dollar value of such dealing.

194,359.00

12.a. Nature of interest held or income received.

TRUSTEE OF PLAN
COST OF GROUP MEDICAL
ATTENDING MEETING 1/20/4

12.b. Amount.

91,790.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

HOLIDAY GIFT

13.b. Is the Business an Employer

☒

or Consultant

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14.b. Amount of payment.

APPROXIMATELY

\$50.00

Name of Person Filing

George J. Francisco, Jr

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NAT'L RAILROAD RETIREMENT INVESTMENT TR.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

SUITE 500

Street

1250 Eye ST. NW

City

WASHINGTON

State

DC 20005

ZIP Code + 4

5530

11.a. Nature of such dealing.

NREIT WAS ESTABLISHED PURSUANT TO
PUBLIC LAW 107-90

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TRUSTEE OF TRUST
Reimbursement FOR TRAVEL, Lodging +
meals FOR MEETINGS HELD
JAN - DEC 2004

12.b. Amount.

\$2472.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

C. MARSHAL FRIEDMAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

10TH FL.

Street

1010 MARKET ST.

City

ST. LOUIS

State

MO 63101

ZIP Code + 4

14.a. Nature of payment.

11/04 HOLIDAY GIFT \$73.00
12/04 HOLIDAY GIFT \$121.0013.b. Is the Business an Employer ☐or Consultant ☐

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14.b. Amount of payment.

\$194.00

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| Name of Person Filing <u>George J FRANEISEO, JR</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>DENNIS JENKINS CPA</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>1200, Suite 1250</u></p> <p>Street <u>1301 SHILOH RD.</u></p> <p>City <u>KENNESAW</u></p> <p>State <u>GA 30144</u> ZIP Code + 4 <u></u></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
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| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <u>Accounting + Auditing Services</u> </div> <p>11.b. Approximate dollar value of such dealing. <u>\$26,726.07</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <u>HOLIDAY GIFT</u> </div> <p>12.b. Amount. <u>\$50.00</u></p> |
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>SIERRA INVESTMENT PARTNERS</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 300</u></p> <p>Street <u>101 YGNACIO VALLEY RD.</u></p> <p>City <u>WALNUT CREEK</u></p> <p>State <u>CA 94596</u> ZIP Code + 4 <u></u></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <u>HOLIDAY wine BOTTLE \$45.00</u> <u>HOLIDAY wine opener \$38.00</u> </div> <p>14.b. Amount of payment. <u>\$83.00</u></p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | |

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| Name of Person Filing <u>George J. Francis, Jr</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Kelly Press</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1701 CADIN BRANCH PR.</u></p> <p>City <u>CHEVERLY</u></p> <p>State <u>MD. 20785</u> ZIP Code + 4 <u></u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><u>PRINTING SERVICES</u></div> <p>11.b. Approximate dollar value of such dealing. <u>\$63,313.42</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><u>HOLIDAY HAM</u></div> <p>12.b. Amount. <u>\$65.00</u></p> |
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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div> <p>14.b. Amount of payment. <u></u></p> |

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| Name of Person Filing <u>George J FERRERISCO, JR</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>AMERICAN PRODUCTS</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1600 N. CLINTON AVE</u></p> <p>City <u>ROCHESTER</u></p> <p>State <u>NY 14621</u> ZIP Code + 4 <u></u></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p> | <p>11.a. Nature of such dealing.</p> <p><u>PROMOTIONAL MERCHANDISE,</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$46,814.25</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>GIFT OF FOOD STUFF</u></p> <p>12.b. Amount. <u>APPROXIMATELY</u> <u>\$50.00</u></p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p> | <p>14.a. Nature of payment.</p> <p><u></u></p> <p>14.b. Amount of payment.</p> <p><u></u></p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | |

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| Name of Person Filing <u>George J. FRANCISED, Jr</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Zwerdling, PAUL, KAHN + WOLLY PC</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>1025 CONN AVE</u></p> <p>City <u>WASHINGTON</u></p> <p>State <u>DC 20036</u> ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>11.a. Nature of such dealing.</p> <p><u>Legal Services</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$ 76,419.51</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>3/9/4 Complimentary Rd. of Golf</u></p> <p>12.b. Amount. <u>\$123.00</u></p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14.a. Nature of payment.</p> <p><input type="text"/></p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <p><input type="text"/></p> |